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CONFIRMATION NO. 8699

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|-----------------------------|--|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER<br>10/511,994 | FILING OR 371(c)<br>DATE<br>10/21/2004<br>RULE | CLASS<br>361 | GROUP ART UNIT<br>2841 | ATTORNEY<br>DOCKET NO.<br>KPM-02301 |
|-----------------------------|--|--------------|------------------------|-------------------------------------|

## APPLICANTS

Toshinobu Ogatsu, Tokyo, JAPAN;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/JP03/05136 04/23/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

JAPAN 2002-12028 04/23/2002

|                                 |   |                           |                     |                    |                         |
|---------------------------------|---|---------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR COUNTRY<br>JAPAN | SHEETS DRAWING<br>7 | TOTAL CLAIMS<br>18 | INDEPENDENT CLAIMS<br>2 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                     |                    |                         |
| Verified and Acknowledged       | Examiner's Signature _____ Initials _____   |                           |                     |                    |                         |

## ADDRESS

26339

## TITLE

Electromagnetically shielded circuit device and shielding method therefor

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>950 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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